



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TEXAS 78234-6022

FACILITY INFORMATION BULLETIN #2005-006

18 Mar 05

Subject: Equipment Site Preparation Program

Suspense: NONE

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1. **Purpose.** To provide procedures for accomplishing equipment site preparation and any repair/construction projects associated with SuperCEEP and MEDCASE equipment purchases.

2. **Applicability.** All MEDCOM activities.

3. **Reference.**

- a. AR 415-15, Army Military Construction Program Development and Execution.
- b. Supply Bulletin 8-75-11
- c. FIB #97-039, Equipment Site Preparation Program is rescinded. This FIB provides the current guidance.

4. **General.** Equipment site preparation is a responsibility of the Facility Manager. Facility Managers coordinate and develop requirements for installation of SuperCEEP and MEDCASE equipment purchases. Funding to support SuperCEEP and MEDCASE site preparation is centrally managed at ACSIE&FM. Funding to support repair or construction projects in support of these equipment purchases are addressed in Supply Bulletin 8-75-11, Chapter 8-9, paragraph d: "All projects will be submitted to the MSC for validation, approval and regional prioritization. Upon approval, the MSC will

prioritize and fund the project based on funds available and if it is within specified funding range. Currently, this range is \$25,000 to \$300,000. Projects greater than \$300,000 will be forwarded by the MSC directly to ACSIE&FM for approval. The ACSIE&FM will release funds for approved projects. Projects will be funded in accordance with the MEDCOM prioritizing scheme and the MTFs ability to execute.” Items purchased for MILCON projects are exempt from this FIB.

5. Specifics.

a. What is considered Site Preparation or “site prep” for installing SuperCEEP and MEDCASE purchased equipment? The following list, though not all inclusive, provides guidance on what qualifies for site prep.

(1). Site preparation consists of providing the means to physically attach the piece of equipment to the real property Medical Treatment Facility (MTF), which may include plumbing, cabling, or wiring necessary for the specific piece of equipment.

(a) Secondary utility work necessary to connect the equipment to existing utility services within the building. This work lies between the primary entry or source within the building and the room in which the equipment is to be placed.

(b) Installation of air conditioning for types of equipment where the manufacturer’s written specifications states that the equipment must be operated in an air-conditioned space and provides temperature and/or humidity parameters which cannot be sustained by existing air conditioning.

(c) Provision of false floors or platforms required solely for the operation of the equipment.

(d) Installation of required shielding for electromagnetic radiating devices such as Xray machines and linear accelerators. This includes wall construction with lead lined sheetrock.

(e) Temporary removal and reinstallation of items such as portions of walls, roof, and utility systems to permit installation of equipment. Reinstallation may involve rerouting or relocation of some items.

(2) Most work eligible for funding as site preparation will be classified as “nonconstruction” (i.e., engineer’s “M” cost account, municipal services) by the DPW on the work request (DA Form 4283). The DPW is responsible for properly segregating and classifying all work.

(3) Site prep that adds real property outside the footprint of the MTF, such as a foundation and utilities for a Relocatable building, will be considered construction, NOT site prep.

(4) Only that work which is specifically required to make the piece of equipment operate is eligible to be funded as site preparation. Work generated to repair failing infrastructure, or for aesthetic or functional reasons will NOT be funded with site prep funds.

(5) The repair or minor construction work associated to repair failing infrastructure, improve aesthetics or functions may be performed in conjunction with the site prep work, but funding and approval will follow the procedures of Supply Bulletin 8-75-11, Chapter 8-9, paragraph d.

(6) The transportation, assembly, installation, calibration, and testing of the equipment are NOT site prep costs.

B. Funding policy:

(1) Site preparation funds support equipment purchased through SuperCEEP and MEDCASE Programs. Items purchased for MILCON projects are exempt from this FIB.

(2) Site preparation costing less than \$1,000 will be financed from local resources.

(3) Activities are not authorized to reprogram site preparation funds to any other requirement unless such reprogramming is approved by the ACSIE&FM.

(4) The following documents are required for site prep funding release:

(a) MEDCOM Form 255-R, OMA Funded Equipment Site Preparation Project Request.
(encl 1)

(b) An approved DA Form 4283 identifying work classification and approval amounts.
(encl 2)

(c) Completed Site Prep Categories spreadsheet (encl 3)

(d) Scope of work and cost estimate of site preparation to be completed.

(5) Site preparation funding will be distributed via Financial Authorization Document (FAD) and will be accounted for under Army Management Structure Code (AMSCO) 847714.87

C. Planning and Coordination:

(1) Planning for site prep should begin during initial equipment programming.

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(2) Repair or minor construction projects to support failing infrastructure, aesthetics or functional requirements should be planned and programmed as SRM projects and timing should be in coordination with site prep activities.

(3) Site prep should be completed prior to the equipment delivery date.

5. **POC.** The point of contact is ACSIE&FM

(USE TAB KEYS TO NAVIGATE)				WORK REQUEST (IFS-M)				SEND THIS WORK REQUEST TO: WORKORDER@BSBDPW.HEIDELBERG.ARMY.MIL				
PART A	CUSTOMER ID CODE	DOCUMENT SERIAL NUMBER	LY	TYPE	SHORT JOB DESCRIPTION					DATE		
	CE									DA	MON	YR
BUILDING/FACILITY NUMBERS												
1	2	3	4	5	6	7	8	9	1		0	
INSTALLATION NAME			UNIT			POC NAME			POC PHONE NO			
			POC EMAIL ADDRESS									
WORK DESCRIPTION: <i>(Description and justification of work request)</i>												
_____ AUTHORIZED REQUESTOR: <i>(Type or Print)</i>												
PART B		WORK REQUEST PRIORITY:			REIMBURSABLE <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIAL INTEREST CODE:							
(Approving Official Only)		PROGRAM INDICATOR CODE:										
ENVIRONMENTAL IMPACT			WORK TO BE PERFORMED			WORKCLASS			APPROVAL AMOUNTS			
YES	NO			<input type="checkbox"/>			<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENTAL CONSIDERATION		<input type="checkbox"/>	IN-HOUSE		<input type="checkbox"/>	ETS		<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	EIS/EIA INITIATED		<input type="checkbox"/>	SELF HELP		<input type="checkbox"/>	O&M		<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	EIS/EIA COMPLETED		<input type="checkbox"/>	CONTRACT		<input type="checkbox"/>	FES		<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	TROOP		<input type="checkbox"/>	CUSTOMER		<input type="checkbox"/>	\$	
						TOTAL			\$	\$0.00	\$	
									\$	\$0.00	\$	
DESIGN APPROVAL			DATE			APPROVAL AUTHORITY			APPROVAL ACTION			
			D	D	M	M	M	Y	Y			
<i>(Please type or print name)</i>										<input type="checkbox"/> APPROVED		
<i>(Signature)</i>						<i>(Please type or print name)</i>			<input type="checkbox"/> DISAPPROVED			
									DATE D D M M M Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

OMA - FUNDED EQUIPMENT SITE PREPARATION PROJECT REQUEST For use of this form see MEDCOM Reg 700-2				Requirement Control Symbol MCLO-91	
1. a. ACTIVITY:			b. INSTALLATION:		
2. PROJECT TITLE					
3. a. MEDCASE ACN or EQUIPMENT ID NUMBER(S)		b. DATE DESIGN COMPL	c: DESIGN COST		d. EST PROJECT COST
4. EQUIPMENT NOMENCLATURE AND LOCATION OF PROJECT					
5. DESCRIPTION OF PROJECT <i>(Use continuation sheet if necessary. Indicate that project has been technically approved by Facility Manager and obtain signature in Block 11)</i>					
6. a. ARE ANY FUNCTIONAL RELOCATIONS REQUIRED BY OR FOR THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO b. IF YES, EXPLAIN ON A SEPARATE SHEET.					
7. a. IS THE AREA INVOLVED IN THIS PROJECT ADDRESSED IN A FUTURE OMA OR MCA PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO b. IF YES, EXPLAIN ON A SEPARATE SHEET.					
8. a. EQUIPMENT DELIVERY DATE <i>(estimate or actual)</i>			b. ESTIMATED PROJECT AWARD DATE		
9. RADIATION PROTECTION OFFICER/HEALTH PHYSICS OFFICER APPROVAL <i>(required for x-ray equipment)</i>			10. PREPARED BY TYPED NAME and TELEPHONE NUMBER (DSN)		
TYPED NAME					
DATE	SIGNATURE		DATE	SIGNATURE	
11. TECHNICAL APPROVAL (FACILITY MANAGER) <i>(This project has been coordinated with the applicable support agencies affected by this project)</i>			12. FUNCTIONAL APPROVAL <i>(This action has been coordinated with the Department/Service Chief who requested the equipment)</i>		
TYPED NAME AND TITLE			TYPED NAME AND TITLE (C, LOG DIV OR HIGHER)		
DATE	SIGNATURE		DATE	SIGNATURE	

**INSTRUCTIONS FOR COMPLETING
MEDCOM FORM 255-R**

- 1a. Activity:** Enter name of MEDCEN/MEDDAC.
- 1b. Installation:** Enter name of installation where activity is located.
- 2. Project Title:** Abbreviated project title (may use description from DA Form 4283 - Work Request).
- 3a. MEDCASE ACN or Equip ID No:** This block will contain an identifying number for the equipment. For MEDCASE, use the MEDCASE ACN number; for non-MEDCASE, use the manufacturer's model number and/or serial number or other unique identifying number.
- 3b. Date Design Completed:** Date when the design package is completed and ready for solicitation/negotiation.
- 3c. Design Cost:** Enter the total design costs which you have financed from your fund distribution.
- 3d. Est Project Cost:** Enter the total estimated project execution costs including applicable supervision and administration (S&A) and contingency charges. Do not include design changes.
- 4. Equipment Nomenclature and Location of Project:** Describe the equipment for which site preparation is desired. If equipment is not being procured through the MEDCASE program, describe for the procurement mechanism. Include location of the project (building number, room number(s), etc.).
- 5. Description of Project:** Enter a description of the work. Details should adequately describe all of the significant cost items contained in the cost estimate breakdown.
- 6.** If functions must be relocated in order to site this particular equipment, the cost of these relocations must be included in the scope of work/cost estimate. The estimated project cost must be the total financial impact of the new equipment.
- 7.** Care must be taken to ensure that equipment site preparation work is not "undone" by known OMA or MCA projects. If there are proposed projects for this immediate area, their scope must be outlined and any impacts on this site preparation must be must be described.
- 8a. Equipment Delivery Date:** Self-explanatory.
- 8b. Estimated Project Award Date:** Enter the estimated award date assuming timely project funding from HQ MEDCOM. Date will be obtained from the Facility Manager.
- 9. Radiation Protection Officer/Health Physics Officer Approval:** The local Radiation Protection Officer or Health Physics Officer must review and approve all designs involving electromagnetic radiating devices (x-rays, linear accelerators, etc.). The RPO/HPO will enter his signature and date of design approval.
- 10. Prepared By:** Point of contact for further information.
- 11. Technical Approval:** This entry should be made by the person at the supporting engineer organization who is authorized to approve this type of project for execution. A Division-level (or higher) signature is required.
- 12. Functional Approval:** Note the internal coordination required prior to signature by the Chief, Logistics (or higher).